

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/526529** FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5	1						55						
6		1					56						
7		2					57						
8		2					58						
9			1				59						
10				1			60						
11				1			61						
12				1			62						
13				1			63						
14				1			64						
15				1			65						
16				1			66						
17			1				67						
18				1			68						
19				1			69						
20				1			70						
21				1			71						
22				1			72						
23				1			73						
24				1			74						
25			1				75						
26				1			76						
27				1			77						
28				1			78						
29							79						
30							80						
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33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	10	←	17	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	12		20				TOTAL CLAIMS						